

## Work First Eligibility Monitoring Guide

### Cash Assistance

\_\_\_\_\_ County

- ☐ All Required Elements Present  
☐ Problems noted:

**Instructions:** Each question must be answered. "NA" may be used only if it is offered as an option. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

Payee's Name \_\_\_\_\_

Co. Case # \_\_\_\_\_ Case ID # \_\_\_\_\_

This Case Fulfills the IV-D Sanction Monitoring Requirement ☐  
 Benefit Diversion (BD) ☐  
 Child Only ☐  
 DSS 8124 Signed and Dated ☐  
 DSS 8657 Signed and Dated ☐

Most Recent Action Taken (i.e., review, change in situation) \_\_\_\_\_

Payment Month Being Reviewed: \_\_\_\_/\_\_\_\_ Certification Period: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Payment Amount \$ \_\_\_\_\_

### Non-Financial Eligibility

1. Was each child living with a parent or step-parent in the payment month? [Section 112]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Method of Verification</b> Date _____ <input type="checkbox"/> Statement <input type="checkbox"/> Collateral
➤ If this was a <b>child only case</b> , was the child living with a specified relative or an adult who has legal custody or guardianship? [Section 112]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> SSI Parent <input type="checkbox"/> Other Relationship <hr/> <input type="checkbox"/> Legal custody <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Guardianship <input type="checkbox"/> Other
➤ If none of the above, does the child meet the requirements for <b>temporary absence</b> ? [Section 112]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Is each parent or stepparent who is <i>required</i> to be included in the case included? [Section 104]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Collateral <input type="checkbox"/> Statement <input type="checkbox"/> Birth Certificates
➤ If no, who is not included but should be?		
3. Is an adult who is not a parent or stepparent included in the case? [Section 104]	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Is each <b>child age</b> 17 or younger? ➤ [Section 109]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Certificates <input type="checkbox"/> Statement
➤ Is a child 18 attending high school and expected to graduate by age 19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
➤ Which child is over age 17?		
5. Is there a child who is subject to the <b>family cap</b> ? [Section 106]	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOB on birth certificate _____
➤ If so, is that family cap child correctly coded in EIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Is the family <b>living in NC with the intent to remain</b> ? [Section 108]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ <input type="checkbox"/> Other _____
7. Does each family unit member have a <b>social security number</b> ? [Section 110] If yes, go to 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement [at application only ] Copies in file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other verification
➤ For a child or adult with no social security number, has an application been made for one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
➤ Which family members have no social security number and have not applied for one?		
8. Is <b>each</b> family unit member a <b>US citizen</b> ? [Section 111]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> INS Papers <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Statement <input type="checkbox"/> Other
➤ For children or adults who are not citizens, are they qualified aliens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
➤ Which included individuals are not citizens or qualified aliens?		
9. Has each adult who is required to do so, registered at ESC for <b>First Stop</b> ? [Section 104C]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> ESC printout in file <input type="checkbox"/> Narrative <input type="checkbox"/> In-house routing form [ESC onsite]
➤ If no, who is required to register for First Stop but has not done so?		
10. Has each adult who is included been screened for potential <b>substance abuse</b> ? [Section 104B]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Audit/Dast in file <input type="checkbox"/> Casehead <input type="checkbox"/> Other recipient Date _____
➤ Which adult has not been screened?		
11. Is anyone who is included in the case <b>fleeing prosecution or custody, or in violation of probation or parole requirements</b> ? [Section 104A]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 8213A in file
➤ Is the payment level correctly reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

12. Has anyone who is included in the case been <b>convicted of a controlled substance felony</b> ? [Section 104A]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 8213A in file
➤ Is the payment level correctly reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
➤ Is the individual who has been convicted of an H or I controlled substance felony meeting the requirements to be eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. <del>Is there a signed 8213A in the record?</del> Is there signed documentation in the case record documenting the answers to questions eleven and twelve. <del>** child only case, form will be on child</del>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Signed by <u>all</u> adult recipients necessary <input type="checkbox"/> Date _____
14. Is there a <b>current Mutual Responsibility Agreement</b> signed by all adult recipients in the record? [Section 103]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date _____
15. Are all requirements being met for a <b>minor parent</b> included in the case? [Section 107]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16. How many months of the <b>12-month time</b> limit has the family received? [Section 105]	# Mos. _____ or N/A	
17. How many months of the <b>24-month time</b> limit has the family received? [Section 105]	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case
18. How many months of the federal <b>5-year time</b> limit has the family received? [Section 105]	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case

### **Financial Eligibility**

19. Are the family's <b>resources under the \$3,000</b> asset limitation? [Section 115]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEVS matches <input type="checkbox"/> Statement <input type="checkbox"/> Bank, etc. [other]
20. Is there any <b>countable income</b> for the case? [Section 114]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement <input type="checkbox"/> Tax return <input type="checkbox"/> Wage stubs <input type="checkbox"/> Other
21. Was the correct month's income used to calculate the review month's payment? [Section 114]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
22. If appropriate, was the <b>job bonus</b> applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### **Sanctions**

23. Does the record indicate that a sanction should have been applied for the review month? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>MRA IVD</b>
24. From sampling of <b>DHREJ NON-COOP WITHOUT A IVD SANCTION</b> , does the report indicate that a sanction should have been applied for the review month? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Was the <b>sanction [s]</b> applied appropriately? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### **Conclusion**

- **Are all individuals included in the case eligible for WF Family Assistance?** ☐ Yes ☐ No
- If no, who is not eligible, and why? \_\_\_\_\_

- **Is the payment amount correct for the review month?** ☐ Yes ☐ No
- If the payment is not correct, why? \_\_\_\_\_

### **Comments and Corrective Action Needed:**

- ☐ All Required Elements were present.
  - ☐ This case did not show up in **DHREJ NON-COOP WITHOUT A IVD SANCTION.**
  - ☐ This case was in **DHREJ NON-COOP WITHOUT A IVD SANCTION.**
- ☐ Problems noted:

\_\_\_\_\_  
County Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Monitor

\_\_\_\_\_  
Date